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ABSTRACT

Possible causes for adolescent suicide and its increase are reviewed, and suggestions are offered to educators and therapists for using poetry writing and visual arts to reach potential young suicide victims. At a developmental age when they become cognitively able to employ abstract concepts, adolescents find poetry writing a safe way to clarify their thoughts and feelings without risking ridicule. The use of metaphor in poetry, as well as visual symbols in art activities, provide adolescents with safe ways to communicate, facilitating self-expression, reducing feelings of isolation, and building self-esteem. Examples of therapeutic art- and poetry-related interventions are given, and integrating arts experiences in academic settings is advocated. (JW)

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Communicating with Potential Adolescent Suicides Through Art and Poetry

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Communicating with Potential Adolescent Suicides Through Art and Poetry

> *The poet, through the exploration of his own inner space and time, becomes a specialist in those inner experiences called dreams, images, visions, reverie, memory, and hallucination. This is why the poet has always had affinity for both the child and the madman--both victims of the denial and repression of self fostered by family, school, and society* (Berger, 1973, p. 175).

Adolescent suicide and written studies about adolescent suicide have increased in recent years. Suicide is now the third leading cause of death in the United States for people 15 to 19 years of age, according to 1978 data from the National Center for Health Statistics. The suicide rate for American men and women has increased approximately 300 percent over the past twenty-five years, giving the United States one of the highest suicide rates in the world for young men (Hendin, 1983).

Written studies of adolescent suicide have increased in recent years. Carlson (1983) estimated that between 1900 and 1967, only 200 papers were written on youth suicide, whereas between 1973 and 1983 there were at least 300. Farberow's (1983) search of the literature reflected similar results, suggesting it is simpler to discuss the problem than to find

solutions. Sudak, Rushforth and Ford (1984) discovered that little had been written about the therapy or treatment of suicidal youth, that "almost all studies . . . emphasize epidemiology, psychodynamics, the youngster's attitude toward death, the attitude of the adult and society toward suicide, diagnostic factors, and the relation of depression to suicide" (p. 335). This paper reviews what has been written about the possible causes for adolescent suicide and for its increase and proposes how educators and therapists may use poetry writing and visual arts to reach potential young suicide victims.

Causes for Adolescent Suicide

The literature on adolescent suicide shows several general themes. Farberow (1983) reviewed adolescent suicide reports from the U.S.A., France, Britain, Canada, Japan, Australia, Germany, India, Norway, Poland, Sweden and Yugloslavia, and concluded: "suicide by the young is a major, increasingly visible problem that is highly influenced by problems in the family, school, community, and society" (p. 229). The problems of modern industrial societies have exacerbated the already difficult process of changing from childhood to adulthood and have made youths increasingly vulnerable to hopelessness, uselessness, and alienation. In most studies, home problems rank high as a factor contributing to potential adolescent suicide (Davis, 1983; Husain & Vandiver, 1984). The most comprehensive statistics on

American adolescent suicide reported in the literature have been gathered by Hendin (1983), who advocated further study in the quality of family interaction that produces a suicidal youngster. Added to the normal developmental stress of adolescence, with its periods of rapid change physiologically, emotionally, socially, and mentally (Dempsey, 1986), are society's restrictive attitudes toward adolescent sexual gratification and meaningful employment (Maris, 1985). Sudak (1984) stated that the cumulative effect of familial, societal, and developmental stress on adolescents results in a poor self-image and low self-esteem. Holinger, Offer, and Ostrov (1987) suggested the stresses of contemporary society put the depressed adolescent with "marginal ego capacity and an inadequately internalized sense of self-esteem" (p. 217) at increased risk of suicide. Maris (1985) found that younger (under 24 years) suicide victims exceeded older ones in low self-esteem, abuse of alcohol and drugs, early object loss, and modeling their suicides after other suicides.

Schools do not appear to help in alleviating adolescent stress. Gispert, Wheeler, March, & Davis (1985) examined the factors related to suicidal attempts among 82 hospitalized adolescents, 12 to 18 years of age, and found that most had experienced family disruption, 45% were usually truant or not attending school at all, and only half were at their appropriate grade level. Nissen (1983) concluded in his study of 62 depressive adolescents that suicidal behavior and

feelings of inferiority were "engendered in particular by a sense of failure at school or at work, or when they compared themselves unfavorably to their parents" (p. 173). In a large study (N=900) of cases hospitalized from 1972 to 1982 at the Houston International Hospital's Adolescent Center, Rosenstock (1985) found the six most frequent presenting complaints were depression, school problems, family problems, threatening behavior, runaway behavior, and suicidal ideation, in that order.

Problems in Identifying Potential Adolescent Suicides

Self-destructive behavior in adolescence is a complicated problem. There appear to be differences in motivation between successful suicides and suicidal attempts, and the latter are sometimes regarded as attempts at communication (Garfinkel & Golombek, 1983) or manipulative acts (Davis, 1983). From her review of the available research, Davis concluded that young people who have committed suicide were more isolated and "less likely to give out signals for help than those who did not commit suicide" (1983, p. 17). However, from a psychological autopsy of 20 children and adolescents aged 12 to 19 years, Shafii, Carrigan, and Whittinghill (1985) reported that 85% of completed suicides had previously expressed suicidal thoughts as opposed to just 18% of control subjects. The researchers urged adults and peers to take suicidal messages from children and adolescents very seriously. There is general agreement that the prodromal cues of suicide include threats or similar

statements, previous suicidal attempts, and isolation (in addition to depression, sudden behavior and personality changes, and such final arrangements as giving away treasured possessions) (Davis, 1983). Manipulative or not, adolescents' suicidal messages and gestures are cries for help and need to be heard.

Several important factors may interfere with recognizing appeals for help from potential adolescent suicides. Dempsey (1986) believed "our Western Judeo-Christian ethic has caused us to view suicide as cowardly, shameful and sinful and for this reason it has become a topic that makes us uncomfortable, unsure and threatened" (p. 35). Garfinkel and Golombek (1983) felt contemporary attitudes toward suicide have changed but people still experience an "inability to acknowledge that young people can experience depression to a degree that results in suicidal preoccupation and behavior" (p. 190). The problem is complicated because not all youth suicides correlate with depression (Carlson, 1983), and depressed youngsters are often difficult to detect because their depression may mask an acting out behavior (Carlson, 1983; Davis, 1983). Since all adolescents, in their search for identity and the necessary separation from childhood ties, undergo some depression (Emery, 1983), the observer may read normal behavior as deviant, or fail to distinguish truly deviant behavior from what is normal.

Finally, as Grueling and DeBlassie (1980) pointed out, "secrets are an essential part of adolescent life" (p. 595); since adolescent attempts at communication may be veiled, detection may require some ingenuity. Sharlin and Shenhar (1986) advocated using adolescent poetry as a diagnostic tool for predicting suicide. Using a method of semantic classification, Sharlin and Shenhar compared the poetry of two adolescents who had completed suicide with that of two control subjects and discovered major differences in the mention of death and references to "bad situations." Adolescents "devise ways to present their creations before the environment so that contact with others may be achieved. They seek a response to their lyrical achievements, sometimes by forgetting them in places where they will be found by others'" (p. 346). It appears that adolescents find poetry writing a safe way to express feelings and that the arts may open a way for adults to listen to young people.

Recommendations for Prevention

Treatment must include a way to communicate with the potential suicide, to reduce the sense of alienation and isolation, decrease feelings of hopelessness, and raise self-esteem. Grueling and DeBlassie (1980) stated, "We must offer the adolescent the possibility of expressing his/her tendency to suicide without dramatizing it, but we must not drive him/her toward the suicide by an attitude of indifference" (p. 596). Sudak, Ford & Rushforth (1984) advocated

"multidisciplinary approaches" (p. 361), and Farberow (1983) recommended "eclectic, flexible" approaches aimed not only at crisis intervention but also at prevention by teaching parents principles of mental health with emphasis on developing "self-esteem, basic trust, . . . and the need for responsibility to others as well as to oneself" (p. 230). Carlson urged "innovative measures" that teach children "improved coping skills" and "better ways to deal with frustration" (1983, p. 349). Emery (1983) believed prevention lies in providing young people the opportunities to gain approval and develop "realistic and resilient self-esteem" (p. 255) by following their own interests.

Poetry as a Communication Vehicle

Educators and therapists who work with troubled adolescents need to find ways to help young people express their feelings and develop self-esteem. Poetry therapy and art education therapy offer rich possibilities for developing applicable techniques. Adolescents are attracted to writing poetry because it fulfills their need for private self-expression (Roscoe, Krug, & Schmidt, 1985). In Piagetian terms, adolescents become cognitively able to use abstract concepts at the stage when they begin contemplating their lives. Because adolescence is a time of separation from parents and concern for peer approval, adolescents are drawn to private writing; it permits them to clarify their thoughts and feelings without risking ridicule or having to talk to

parents. Mazza, et. al. (1987) discussed using poetry and other art forms with abused children and adolescents, suggesting that the nonverbal and play elements of the arts can help the therapist overcome the client's initial resistance to treatment.

Roscoe, et al. (1985), who referred to adolescence as a "time of introspection, heightened emotionality, and hesitancy to share one's innermost self with others" (p. 844), used an anonymous questionnaire to examine the self-expressive writing of 148 junior and senior level students in two midwestern senior high schools. The results indicated the majority (86%) used at least one writing mode, most frequently poetry (37.5%). Students used diaries (33%), short stories (26%), song writing (12.5%), and other forms, e.g. novel writing,(2%). Only 13.5% said they have never used writing for self-expression, most said they used more than one mode, and more females (97%) than males (75%) used writing for self-expression. The researchers felt the results indicated that teachers should encourage personal writing by adolescents. Of particular interest to those attempting to identify potential adolescent suicides, Roscoe, et al. have discovered that "poetry was associated with depression, loneliness, sadness, and unhappiness" (p. 844). The researchers concluded, "emotions typically thought of as negative dominate the moods of adolescents when they choose to express themselves in writing" (p. 844). In another study, Miller and Dingman

(1987) examined the 1000 creative writing samples written by 200 hospitalized adolescents in order to compare the content of writings by adolescents hospitalized for emotional disturbance with writings by adolescents hospitalized for physical reasons. The researchers found that creative writing appeared useful for both groups in expressing concerns about the helplessness of being hospitalized, but that the emotionally disturbed patients "spoke more often about inner-directed concerns, along with sadness, loneliness, and bad feelings about themselves" (p. 174).

The National Association for Poetry Therapy defined the method of poetry therapy as "the intentional use of poetry and the interactive process to achieve therapeutic goals and personal growth" (Fuchel, 1985, p. 89). Poetry therapy is a recognized technique used with many schools of psychotherapy to help clients understand themselves (Fuchel, 1985; Leedy, 1973). Stone (1973) affirms that poetry is:

> mankind's best effort to comprehend and celebrate the human condition. Because mental health is, in the end, a personal coming to terms with the human condition, it is not surprising that poetry might help establish and articulate those terms (p. xviii).

Berger (1973) discussed how, as poet-in-residence, he used poetry writing with students in both inner city and suburban schools. He believed this kind of writing provided

young people with a self-expression not ordinarily offered in schools:

> The outpouring of writing contains within it an acting out in writing of all the problems of identity, security, mystery, and wonder that beset kids and are generally out of bounds in the classroom (p. 181).

Berger related that, after one stimulating session in a class where students wrote poetry, a boy said to him, "Mr. Berger, this is better than sniffing glue" (1973, p. 185). Maris (1985) pointed out that, "given the relative uselessness, stress, and frustration felt by . . . adolescents, drugs are often used to escape these intolerable life situations" (p. 103). Maris suggested drug abuse might be considered a "partial suicide," and helping students to write poetry may provide some adolescents with an alternative to drug abuse or suicide.

Therapeutic Use of Metaphor

Berger (1973) suggested that traditional, programmed learning stands in the way of a child "constructing his own being" (p. 176). Writing poetry allows the youth to use metaphorical thought and imagination to "build bridges between himself and the outer world" (Berger, 1973, p. 176). The key concept here is metaphorical thought. All the arts, whether poetry, fine arts, music, or dance, permit access through

metaphor to self-exploration and expression of feelings not possible with the logical, intellectual modes of thought emphasized in traditional education. Witzum, Dasberg, & Bleich (1986) defined the linguistic metaphor as:

> the application of a word or expression that properly belongs to one context, in order to express meaning in a different context, because of some real or implied similarity in the inferent involved (p. 462).

Leedy and Rapp (1973) stated that "poems like dreams are on the royal road to the unconscious . . . . We live in prose and dream in poetry" (p. 145). Suler (1980) explained the creative act in terms of primary and secondary process thinking. He hypothesized that artists and poets use primary process thinking, "in which ideas are exclusively organized according to subjective states of drive and affect" (p. 150). Secondary process thinking then translates those ideas into contexts which are meaningful to others. The visual arts use visual symbols to communicate internal, subjective mental images to others, and literature uses the linguistic metaphor in much the same way to convey internal, subjective feeling states.

Witzum, et al. (1986), in their discussion of metaphor used in psychotherapy with a case of post-traumatic stress disorder, stated,

> Only a few studies are specifically devoted to a consideration of the metaphor with psychotherapy despite the ubiquity of the metaphor in ordinary discourse and the centrality of the metaphor in the philosophy of language, poetry, and esthetics (p. 463).

Witzum, et al. used the metaphor of a "shelter," with its connotation of war experience, to help their client see that he was hiding from the stress that would result from facing his central problem. Witzum, et al. suggested a therapist may either build on a metaphor introduced by the client or, as in the case described, the therapist may introduce the original metaphor.

While working at a state children's psychiatric hospital, the author discovered that adolescent patients were exceptionally responsive to metaphorical language in group therapy. When one male described growing up as "climbing up a slippery rope," the others knew immediately what he meant. One patient expressed his frustration with another's refusal to share his feelings by saying, "You know, you have the car. We can help you by giving you the gas, but you still have to do the driving."

Art and Poetry Interventions

Feinstein (1985) used metaphor with art-related activities to assist a group of therapists with patients in

weekend marathons. Her task was to find ways to help the therapist get through to patients who are unresponsive to traditional "talking" therapy. Feinstein had the patients choose an object or an art reproduction and identify what attributes in the inanimate object were most similar to themselves. Her techniques were effective in helping the patients get through impasses. Feinstein's experience convinced her that one of the important powers of metaphor is its ability to "embody and evoke feelings" (p. 157).

Similar classroom and clinical activities can be developed with writing and art. For example, students complete sentences beginning with the statement, "If I could be_____, I'd be a(n)_____ because_____." In the first blank, categories are inserted such as "bird," "building," "country," "food," etc. Sentences should not be completed with the evasive "because I like them." After this exercise, students select a category and draw the object they identify with, or they make montages of magazine pictures illustrating the object. Most self-revelation occurs during follow-up sessions: students read their sentences out loud and talk about what they drew.

One fourteen year old girl, a chronic runaway hospitalized after a suicide attempt, used crayon to draw a large (3 ft. x 3 ft.) picture of a Koala bear in a fruit tree. In the corner of her drawing she wrote:

Hello, my name is Chester T. and
I'm sitting in a tree with
apples and oranges.
I really enjoy sitting here
eating my fruit.
I sure am lonely here because
my friends left me here because
I was being a naughty kid and
they don't like being around a naughty kid.
Besides, I just pushed them all away and
I didn't want to do that to them.

Through the persona of "Chester T.," this patient was able to express her loneliness and conflict about her own self-worth. Although she remained extremely reluctant to express her feelings in group therapy, she asked that her drawing and poem be displayed in the classroom. Clearly, drawing and writing provided a safe way for her to reveal her feelings.

It has been noted that suicidal adolescents tend to detach from their feelings (Greuling & DeBlassie, 1980; Rotheram, 1987), so treatment must use whatever techniques will facilitate expression. Metaphorical thought expressed in poetry and art can help suicidal adolescents because it facilitates the expression of feelings and the development of empathy, reduces feelings of alienation and isolation,

provides a vehicle for therapeutic communication, and raises self-esteem. Leedy and Rapp (1973) viewed the creative process as beneficial in two ways:

> The catharsis which takes place in releasing suppressed feelings through the act of creating a poem or a piece of artwork and the processing of whatever emerges from within the patient whether verbal or non-verbal has distinct therapeutic value (p. 145).

Harms, Etscheidt, & Lettow (1986) emphasized that poetry is particularly helpful to young people with emotional and behavioral problems who have difficulty in viewing situations from another's perspective. Margulies (1984) discussed how empathy is part of the creative imagination and believed that learning to look "freshly" with the eyes of the artist and poet is also therapeutic in the "opening of new possibilities of self-perception" and "for the self to conceive of the self anew" (p. 1028).

Learning to empathize or to understand how others feel reduces feelings of alienation and isolation. Hearing the poetry of established writers and of one's peers helps the troubled adolescent learn that others have had similar feelings and struggles (Mazza, 1981). Mazza (1981) found the collaborative poem to be particularly effective in reducing isolation among alcohol abusing adolescents. Each client

added a few lines to a group poem about "frustration," and the poem was then duplicated and distributed to each member of the group. Mazza believed the poem helped the clients "externalize their difficulties," "realize others had similar feelings," and provide a "sense of competence . . . in terms of their ability to express themselves" (p. 407). Feinstein emphasized the arts' capacity for helping humans understand simultaneously their similarity and their individuality. She pointed out that "we generally tend to have similar initial responses to visual stimuli, though our secondary explanations may be quite different" (p. 159).

Students can learn to see how they are both alike and different from each other by first using crayons, markers, or colored chalk to draw the feelings of anger, loneliness, happiness, peace, love, sadness, frustration and depression on separate sheets of colored construction paper. The finished drawings may be displayed grouped by feelings (for example all the angry drawings together, all the sad drawings together). The students can then discuss the similarities and differences between individuals' perceptions of and experiences with each emotion.

Buck & Kramer (1973) used poetry as an adjunctive therapy at an outpatient guidance clinic, and they felt the poetry helped both intra- and inter-personal communication. They stated that poetry helps the person deal with feelings and thoughts too painful to be faced directly, whereas

interpersonally, poetry provides "an indirect way of initiating personal expression while allowing the participant to speak at a level of openness consistent with his own comfort" (p. 157). Pattison (1973) used poetry with a young aloof schizoid who intellectualized as a defense. The subject was able to release through long poems, and as Pattison explained, "the communication in his poetic outburst became the occasion to successfully engage him in the analytic task work of psychotherapy" (p. 211). Pattison believed it is the "highly symbolic" quality of poetry that causes "poetic productions of patients" to contain "some of the most fundamental, far-reaching revelations of the self" (p. 20). Grueling & DeBlassie (1980) cautioned, however, that defenses of a suicidal adolescent need to be broken down slowly, "to avoid the risk of precipitating the suicidal process" (p. 598).

Art activities also use visual symbols to provide an adolescent with a safe way to communicate. Shortly after the admission of a thirteen year old repeated suicide attempter and chronic runaway to the hospital, the author asked him to decide what kind of life he would like to have and then symbolize that life on a map, drawing and labeling what obstacles might keep him from his goal, then to draw and label "pathways" around the obstacles. Knowing he was a suicide attempter and that he had not included suicide on his map, the author directly asked him if thinking of killing himself could

also be an obstacle. He said no, and shortly thereafter lightly sketched a tombstone with his name on it. Somewhat later in the conversation (the author had not mentioned the tombstone drawing), he pointed to the tombstone and asked the author if she knew what it was. In this case, drawing the tombstone helped the patient talk about his suicidal ideas.

Another area difficult for adolescents to talk about directly is sex. Establishing a sexual identity is recognized as an important part of normal adolescence. McIntire & Angle (1980) found that patients who combined "sexual orientation disturbances with personality disorders seem to be especially at risk" (p. 35). One pubertal male student suffering from sexual abuse, abandonment, and suicidal ideation completed a series of sentences around a self-chosen central theme. His poem summarizes his concerns:

I am a young boy who is girl crazy.
I wonder if any girl likes me.
I hear a girl calling my name.
I see myself kissing a princess.
I want to marry a princess.
I am a young boy who is girl crazy.

I pretend to kiss a princess at night.
I feel my soul lifting above the clouds
I touch a princess on her cheek.

I worry about getting woken up when I am dreaming about kissing a girl.
I cry when a girl patient gets discharged.
I am a young boy who is girl crazy.

I understand that girls are afraid of me.
I say to myself that girls are not the only things in the world.
I dream about kissing a princess.
I try not to make girls scared of me.
I hope my princess comes by soon.
I am a young boy who is girl crazy.

Poetry has also been used to promote family interaction (Mazza, 1981). Grueling and DeBlassie (1980) maintained that including the family of the suicidal adolescent in therapy is mandatory, and "included communication is the main key to resolving intrafamilial difficulties" (p. 599). More research is needed in using the arts to improve the communication within troubled families.

Building Adolescent Self-Esteem

The potential suicidal adolescent needs to build self-concept and raise self-esteem. Self-concept or self-identity, defined by Ellis & Davis (1982), is a "conceptual tool to explain the experiences and observations individuals have of themselves" (p. 697). Art and writing may be the first step

in helping adolescents objectify their feelings enough to talk about and deal with them. When self-esteem is low, adolescents are at a higher risk of suicide because they feel powerless to cope with stress. Rotheram (1987) summarized studies which indicate that "youths in imminent danger of suicide typically are unable to perceive positives regarding themselves or others" (p. 107).

Telling adolescents they are worthwhile and competent is more effective when the teacher and therapist can point out concrete examples of what patients are capable of doing. The youth has visible proof that he wrote a poem and drew a picture. Furthermore, the creative act produces a feeling of well-being (Leedy & Rapp, 1973). Marion and Felix (1980) stressed that "self-confidence has been nurtured" when a "child makes something that says what he or she wants to say," and that the "process of manipulating and recombining materials, having personal impact on them, expressing the self through them" (pp. 204-205) is what counts in art therapy.

Marion and Felix (1980) also noted that patients will try to avoid feeling inadequate by saying "I can't do that," and then not want to try anything new. The authors considered this response one of the most difficult barriers to therapists who want to raise a child's self-esteem (p. 202). The young people who have the least self-confidence will be the ones most afraid to try some creative activities, but they are also the ones who need the experience the most. The educator or

therapist needs to devise ways to gently encourage the patient to take the risks necessary for creativity. Well-known art educator Viktor Lowenfeld reminded educators and therapists that a sudden exposure to an unknown always creates feelings of insecurity. A gradual participation is always more advantageous in a therapeutical situation than a sudden exposure (Michael, 1981, p. 12).

Integrating Programs in Academic Settings

The most effective arts programs are those which will permit individuals to discover a variety of ways to express themselves and which will "treat an individual's creative energies as a whole" (Leedy & Rapp, 1973, p. 148). There has been concern lately that the schools' academic programs over-emphasize exercises for the analytic left-hemisphere part of the brain. The right hemisphere is considered the authority in image-metaphoric processing and in synthesis (Kent, 1977). The arts, including visual images, poetry, dance, music, and drama, require skills emphasized by both hemispheres and permit interaction between cognitive and affective processes. Kent (1977) suggested we help youth become more psychologically integrated by providing them with ways to access the "metaphoric, image-making" part of the brain. For example, he advised that when children mention a dream they have had, the teacher should encourage them to draw or paint the dreams and then share them with classmates.

One of the author's hospitalized students was able to discuss his fears and frustrations about becoming more psychologically healthy by drawing a ladder he had seen in a dream, revealing a broken rung. This drawing provided a visual metaphor, a way for the individual to begin talking about self-doubts symbolized by the broken rung. In this way, music, particularly blues, soul, and rock, is a natural vehicle for working with adolescents. Berger (1973) found inner-city students responded well to the rich source of metaphor in popular music, though Mazza (1981) cautioned that such techniques can be counterproductive if the adolescent uses "drug/alcohol abusing poets or singers as models or as rationalizations for their own abuse" (p. 407).

Educators and therapists need to keep in mind that programs using the arts should emphasize helping the client express and thereby learn about and come to terms with himself. Compared with traditional academic programs, the arts offer no right or wrong answers, and educators in particular need to learn to deal with this ambiguity and help the young person develop personal standards of measurement and self-honesty; e.g., has the young artist found a way to say what he wants and needs to say?

Practitioners are frequently concerned about their own lack of artistic ability and knowledge of artistic techniques, but materials and techniques can be very simple and still be effective. Educators and therapists need only provide some

beginning ideas, along with paper, drawing or painting materials such as markers, crayons, or watercolors, and they need to offer encouragement. Educators are also concerned about students applying correct standards of usage and mechanics to their writing. Berger (1973) stressed that teachers should "learn to accept the language of the children without imposing arbitrary standards . . . that frustrate the free flow of expression" (p. 187). Mazza, et. al. (1987) agree that "it is essential to emphasize feelings, images, and sounds rather than literary mechanics" (p. 86). In the initial writing, students should concern themselves with getting ideas and feelings on paper. When students know their poems will be read or displayed, they will usually ask for help anyway in polishing mechanics.

Conclusion

Schools must become student-centered if they are going to help rather than hurt young people. When school becomes a place where adolescents can express themselves and talk about their difficulties, it might become a preventive rather than a contributory factor to adolescent suicide. Educators, counselors, therapists, and family members need to work together to find ways to listen to and to understand the plight of the adolescents as they try to cope with the demands of growing up in contemporary society. While our ability to alter many of those demands may be limited, we can help adolescents feel that they are less alone by providing them

with safe ways to express their feelings and to feel better about themselves. This paper has suggested that the healing power of poetry and the visual arts be recognized and cultivated as a way of communicating with potential adolescent suicides.

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